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| Assignee Name and Address:  B.H. Image Co. LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the approximate practice the statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the apprinted practitioners is subtracted cat or to heliaf of the assigners.   | POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO   |                                  |           |     |       |     |  |  |
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| as altorney(s) or agent(s) to represent the undersigned before the huled States Patient and Trademark Office (USPTO) in connection with any and all patient applications assigned state to the undersigned according to the USPTO assignment records or assignment documents below the sociation with 19 CPR 3.74(s).  Please change the correspondence address for the application identified in the attached statement under 37 CPR 3.73(b) to:  | Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  |                                  |           |     |       |     |  |  |
| as attorney(s) or agent(s) to represent the undersigned better that fulled States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attacked to this form in accordance with 37 CPR 3.73(b). The patent and trademark Office (USPTO) in connection with a statement under 37 CPR 3.73(b) to:    X  |  | Name                             | Number    |     | Name  | -   |  |  |
| as altomay(s) or agen(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this torm in accordance with 5 CPR 3.73(b) to:    The address associated with Customer Number: 23524  |  |                                  | 3         | 186 |       |     |  |  |
| as altomay(s) or agen(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this torm in accordance with 5 CPR 3.73(b) to:    The address associated with Customer Number: 23524  | l  |                                  | 1         | -   |       |     |  |  |
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| City State Zp  Country State Zp  Country Email Assignes Name and Address:  B.H. Image Co. LLC  2711 Centerville Road, Suite 400  Wilmington, DE 19808  USA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/86 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioners is authorized on act on behalf of the assignee, and must identify the application in which this Power of Altorney is to be filled.  Signature Yambus Description of The Statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the applicated practitioners is authorized on act on behalf of the assignee.  Signature Yambus Description of the substance of Record  Name Pat Matthews Telephone   | Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:   |                                  |           |     |       |     |  |  |
| Address Address Country   State   Zap   Country   Telephone   Email   Assignee Name and Address:  B.H. Image Co. LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be lighted in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the application in which this Forwer of Attorney is to be filled.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Pat Mathiews  Date   B. Mach. 2009  Date   J. Mach. 2009  Telephone   |  |                                  |           |     |       |     |  |  |
| Address  City State Zp  Country   State Zp  Country   Tolephone   Email    Assignee Name and Address:  B.H. Image Co. LLC  2711 Centerville Road, Suite 400  Wilmington, DE 19808  USA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioners is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and life is applied below is authorized to be to behalf of the assignee.  Signature  Name Pat Matthews  Telephone  Telephone   | Fimor  |                                  |           |     |       |     |  |  |
| City State Zp Country Telephone Email  Assignee Name and Address:  B.H. Image Co. LLC 2711 Centerville Road, Sulte 400 Wilmington, DE 19808 USA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioners is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature Signature and itle is supplied below is authorized to act on behalf of the assignee.  Signature Pat Matthews Date of Record  Name Pat Matthews Telephone  Telephone  Telephone  |  |                                  |           |     |       |     |  |  |
| Country Telephone Email  Assignee Name and Address:  B.H. Image Co. LLC 2711 Centerville Road, Sulle 400 Wilmington, DE 19808 USA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the application in which this Power of Altionny; is to be filled.  The individual whose signature and title is supplied below is suthorized to act on behalf of the assignee, and must identify the application in which this Power of Altionny; is to be filled.  Signature YAT MARKAWAY  Name Pat Mathews  Telephone  Telephone   | Address  |                                  |           |     |       |     |  |  |
| Assignee Name and Address:  B.H. Image Co. LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA Accyc of this form, together with a statement under 37 CFR 3.73(b) (Form PTQ/BB/96 or equivalent) is required to be lifed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Very Wilmington Completed by One of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Pat Mathews  Telephone Telephone Telephone  | City   |                                  |           |     |       |     |  |  |
| B.H. Image Co. LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA  A copy of this form, together with a statement under 37 CPR 3.73(b) (Form PTO/SE/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CPR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioners is authorized to act on behalf of the assignes, and must identify the application in which this Power of Alterney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  You Must Washers  Date 16 Musch 2009  Name Pat Mathews Telephone  |  |                                  | Telephone |     | Email |     |  |  |
| 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SS/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of an each application in which this Power of Altonrey is to be filed.  The individual whose signature and title is supplied below its authorized to act on behalf of the assignee.  Signature  YAT MUSHAWA  Date // MUSHA 2009  Name   Pat Mathews   Telephone   | Wasibies usule aud vodiess;  |                                  |           |     |       |     |  |  |
| Wilmington, DE 19808 USA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altimore is to be filled.  SigNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  YAT MUSHUM  Name  Pat Mathews  Telephone  |  |                                  |           |     |       |     |  |  |
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| Rifield in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioners is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Pat Matthews  Date 16 March 2009  Name Pat Mathews  Telephone   |  | 11, 52 10000                     |           |     |       |     |  |  |
| The individual whose signature and lite is supplied below is authorized to act on behalf of the assignce  Signature Yat Matthews Date 16 March 2009  Name Pat Mathews Telephone  | A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altioneys is to be filled. |                                  |           |     |       |     |  |  |
| Name Pat Mathews Telephone   |  |                                  |           |     |       |     |  |  |
| Terrente   | Signature  | : Yat Mathews Date 16 March 2009 |           |     |       | 109 |  |  |
| Title Authorized Person for B.H. image Co. LLC   |  | Pat Mathews                      |           | ×   |       |     |  |  |
| his collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and   |  |                                  |           |     |       |     |  |  |

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(ii)

I, Pat Mathews (whose title is supplied below), hereby declare that I am authorized to sign the Power of Attorney to Prosecute Applications Before the USPTO on behalf of B.H. Image Co. LLC.

Pat Mathews

Authorized Person for B.H. Image Co. LLC

16 March 2009

Date